THE MEDICAL NEWS AND LIBRARY.

VOL. XII. MAY, 1854. No. 137.

CONTENTS.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of January, 1854 77
Lectures on Functional Disorders of the Stomach. II. Deficient Secretion of Gastric Juice—slow and imperfect Digestion . . 81

CHOLERA.

Cholera in Great Britain 87
Cholera in England 87
Cholera in Ireland 87
Cholera in Scotland 88
Is Cholera Contagious 88
Pathology of Cholera 89
Cost of Cholera in Newcastle-upon-Tyne . . 89

MEDICAL NEWS.

Domestic Intelligence.—American Medical Association 89
Medical Society of the State of Pennsylvania . 89
Lehigh County Pennsylvania Medical Society . 89
Medical Graduates in 1854 89
Medical Students—Session 1853-54 90
Obituary Record 90
Foreign Intelligence.—Treatment of Varicocle by the direct cauterization of the dilated Veins. 90
Death from Chloroform 90
The Topography and Climate of the Danubian Principalities 90
The Masserandura, or Milk-tree 91
Excess of Females in Great Britain 92
Homœopathy 92
Obituary Record 92

BENNETT ON PULMONARY TUBERCULOSIS, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of January, 1854.—The following hospitals are included in the subjoined report: University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, and the Metropolitan Free.

Lithotomy.—Four cases; 2 recovered, 1 under treatment, and 1 dead. *Case* 1. A boy, aged 3, under the care of Mr. Erichsen, in University College Hospital; small stone; lithic acid, coated with phosphates; good recovery. *Case* 2. A man, aged 58, in very bad health, the subject of a perineal fistula, for which he had long worn a flexible catheter in the bladder. Mr. Cock, under whose care he was, in Guy's Hospital, made the incision so as to lay open the fistulous track; the stone was very soft, and broke into many fragments during extraction; a large quantity of detritus was removed, of a highly ammoniacal smell. The bladder has since been frequently washed out, and the patient thus far is doing fairly. *Case* 3. A boy, aged 4, operated on by Mr. Birkett, in Guy's Hospital; recovered without a bad symptom. *Case* 4. A man, aged about 50, operated on in St. Mary's Hospital, by Mr. Coulson. A large, very heavy stone was removed, together with a fragment which had evidently been chipped off from its side some time previously. The patient sank gradually, and died about forty hours after the operation. At the *post mortem*, a malignant growth, the size of an egg, was found projecting into the bladder.

Herniotomy.—The case (*Case* 6) left under care by last report and in which gangrene of the bowel had taken place, has since done well, and the wound is now all but closed.

Number of cases, 11; recovered, 3; un-

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.*

☞ *In no case will this work be sent unless the money is paid in advance.*

der treatment, 4; died, 4. *Case* 1. A woman, aged 64, under the care of Mr. Tatum, in St. George's; hernia, femoral, of forty years' standing, but never before strangulated; strangulation six days; sac opened; a small piece of gut, with a mass of much-altered omentum, found; the gut was returned, the omentum tied and cut away; diarrhœa and also some sloughing of the wound afterwards occurred; recovery. *Case* 2. A woman, aged 62, admitted in an almost dying state into St. Bartholomew's, under the care of Mr. Paget; hernia femoral, symptoms of strangulation three weeks. The sac was opened, and only omentum found within it, which was adherent, but not constricted. Mr. Paget passed up his finger through the neck of the sac, suspecting some strangulation beyond, when a gush of fluid feces immediately took place. It was evident that the gut was sloughy and softened, and Mr. Paget thought it very probable that an intra-abdominal stricture had existed. Death occurred a few hours afterwards. The most strenuous efforts were unavailing to procure a *post mortem*. *Case* 3. A woman, aged 66, in St. Bartholomew's under Mr. Stanley's care; left femoral hernia of very large size; strangulation nine hours; sac not opened. Constipation for six days followed, and the patient also had bronchitis; she has since done well, and is now out of danger. *Case* 4. A woman, aged 42, also under Mr. Stanley's care; left femoral hernia; strangulation forty-eight hours; sac not opened; had bronchitis afterwards, but is now doing well. *Case* 5. A man, aged about 40, under Mr. Simon's care in St. Thomas's, right femoral hernia; strangulation forty-eight hours; recovered. *Case* 6. Femoral hernia in a woman under the care of Mr. Adams in the London Hospital. Strangulation nine hours; sac not opened; recovered. *Case* 7. A woman, aged 69, under Mr. Critchett's care in the London Hospital; strangulation eight hours; sac not opened; is doing well. *Case* 8. An umbilical hernia of enormous size, and containing, as the operation proved, more than half the extent of the small intestine. The patient, a middle aged man, was under the care of Mr. Hilton in Guy's; strangulation had existed for 48 hours; sac opened; intestine returned; death from collapse five hours afterwards. The *post mortem* showed extensive organic disease, but very slight peritonitis. The lungs were emphysematous, the kidneys granular, the heart and liver fatty. *Case* 9. Oblique inguinal hernia in a man, aged 54, of very intemperate habits, in Guy's Hospital, under the care of Mr. Hilton. Strangulation five days; sac opened; omentum found extremely congested, and adherent to the sac, hiding the bowel. The patient did well, with the exception of diarrhœa, until the fourth day, when the symptoms of peritonitis came on; death ensued on the eighth day. No *post mortem* was permitted. *Case* 10. Large scrotal hernia in a man aged 45, under the care of Mr. Cock in Guy's. Strangulation four days; sac opened, after the division of the stricture and return of the bowel, in order to reduce also the omentum, of which a large mass was down; part of the latter was returned, and a portion being firmly adherent was allowed to remain. Suppuration in the cellular tissue of the scrotum followed, but the patient is now doing well. *Case* 11. A lad, aged 19, under the care of Mr. Lane in St. Mary's; symptoms of strangulated bowel had existed for thirty-six hours, but on admission no intestine could be felt in the sac; the operation was performed two hours later, and a small knuckle of intensely congested gut was found in the neck of the sac; in the latter there was also pus; sac opened; death occurred on the fourth day. *Post mortem* revealed extensive peritonitis.

Operation for Imperforate Anus.—In a case at King's College Hospital of imperforate anus, in which no evidence that the bowel came near to the perineum existed, Mr. Fergusson performed Amusat's operation of opening the descending colon in the left loin. The infant was nine days old, and suffering much from the obstruction; the belly being swollen and tympanitic. The gut was easily reached, and a copious discharge of feces followed. In spite of much neglect on the part of the parents, the little patient has thus far done well.

Ligature of Arteries.—In St. Bartholomew's Hospital, by Mr. Skey, ligature of the external iliac, an inch and a half above Poupart's ligament. The patient was a healthy man, of middle age, and his disease was an aneurism of the first part of the femoral, the size of an orange, which had followed a blow four years previously. The case is thus far doing remarkably well. In

two cases the radial, and in two the ulnar, artery has been tied on account of wound. In all the ligature was placed above and below the injured spot. All are doing well.

Aneurism.—Mr. Hilton's case of popliteal aneurism is still under treatment by compression. The tumour, which at first was the size of an orange, is now not so large as an egg, is almost solid, and pulsates but feebly. The man has not suffered in the least in his general health, which has been throughout excellent. But little alteration in the tumour has taken place during the last three months. In St. Mary's Hospital, two cases of popliteal aneurism have been under treatment by compression during the month, under the care of Messrs. Coulson and Haynes Walton. In Mr. Walton's case it has been found necessary to resort to ligature of the femoral, and we believe that the same measure is intended in the other also.

Amputations.—All the cases previously reported are doing well. There have been performed during the month 12, the subjects of which are all of them, excepting one, under treatment. Of the *thigh* 3 cases; 1 primary, in a child aged ten, under the care of Mr. South, in St. Thomas's, for very severe compound fracture; 1 secondary, on account of profuse hemorrhage from the femoral artery, on the 14th day, after a compound fracture of the femur—patient aged 14, under the care of Mr. Moore, in the Middlesex Hospital; 1 on account of a conical and painful stump, by Mr. Holt, in the Westminster Hospital. Of the *leg*, 1, on account of diseased ankle, under the care of Mr. Tatum, in St. George's; 1 on account of severe compound fracture, by Mr. Lane, in St. Mary's; this was a double amputation; the injury had been inflicted by a railway engine. The feet were both of them cut off by the accident, and the operations consisted in making stumps. The man did not rally, but died of shock a few hours afterwards. At the *ankle-joint*, 1, by Mr. Partridge, in King's College, on account of injury to the foot; 1 also by Mr. Partridge, on account of diseased ankle-joint, about an inch of the tibia and fibula being sawn off; 1 at the joint, by Mr. Paget, in St. Bartholomew's, on account of diseased os calcis, in which a gouging operation had previously been performed. Of the *arm*, 2, both by Mr. Adams, in the London Hospital; in 1 the necessitating cause was a compound fracture; in the other, a severe burn. Of the *forearm*, 2; 1 primary, by Mr. Stanley, in St. Bartholomew's, on account of injuries inflicted by a circular saw; 1 secondary, by Mr. Moore, in the Middlesex, on account of repeated bleedings from the radial artery, in a case in which, after a bite from a horse, phlegmonous erysipelas had disorganized the extremity, and involved also the wrist-joint.

Excision of Bones, Joints, etc.—The two cases of excision of the wrist-joint have been discharged from their respective hospitals. In each the wound is almost healed, but some time must yet elapse before any opinion as to the probable usefulness of the member can be formed. The other cases reported last month remain under care. During the month there have been performed the following: In the University College Hospital, by Mr. Statham, excision of almost the whole os calcis in a necrosed condition. In the London Hospital, by Mr. Adams, of a small portion of the os calcis. In Guy's, by Mr. Cock, the scooping out of the lower extremity of the tibia from its inner aspect on account of caries. In St. Thomas's, the removal of the whole of a diseased metatarsal bone of one toe by M. Le Gros Clarke. In St. Mary's, by Mr. Lane, resection of the metatarso-phalangeal joint of the great toe. All these cases are thus far doing fairly. In a case of disorganized elbow-joint under care in St. Bartholomew's, Mr. Lloyd laid open the joint from behind, and cut away the whole olecranon, which was found to be carious. The patient, a man of 45, is doing very well.

Removal of Necrosed Bone.—Several of the cases previously reported have been discharged almost well, and during the month nine operations of this class have been performed. None of them call for special notice.

Excision of Malignant Growths.—The cases left on the list last month are all now recovered. During the month there have been done by Mr. Erichsen, in University College Hospital, excision of a melanotic tumour within the orbit, the patient being a man aged 61. In Guy's, by Mr. Birkett, excision of returned cancerous tumour from the breast of a woman aged only 30, who had been operated on three months previously. There is an interesting circumstance connected with this case, in relation

to the so early development of cancer mammæ, viz: that it is hereditary, the mother of the patient having died of the same disease. In St. Thomas's, Mr. Solly has removed the breast of a woman, aged 41, for what is believed to be a malignant tumour. In St. Bartholomew's Hospital, Mr. Lawrence removed a large fungous and somewhat overhanging mass from the back of a woman aged 50. There was at the time of the operation a second tumour, supposed to be of like malignant nature, situated in the axilla; this took on inflammation and sloughing a few days afterwards, and death ensued. Mr. Lawrence has also removed, in another case, an ulcerated scirrhous breast, which was of some months' duration, but, growing rapidly; the patient is doing very well. From a patient, under the care of Mr. Stanley, a growth of epithelial cancer, on the side of the tongue, was removed by the knife. The wound healed well, and the patient has returned home. In the Middlesex Hospital, Mr. Henry has excised a returned cancer of the cicatrix, after removal of the breast. It was of the firm medullary kind, and had not affected the axillary glands. The first operation is one which we reported in September last. In Guy's Hospital, Mr. Hilton removed a mass of epithelial cancer from the scrotum of a man, aged 64, who was not a chimney-sweep, but had been much exposed in his occupation as a stoker to the influence of soot. Considerable bleeding occurred at the time, but the wound healed quickly afterwards. In all the above, excepting those in which it is stated otherwise, the patients are doing well.

Excision of Non Malignant Growths — In the Middlesex Hospital, Mr. De Morgan has removed, by excision, a vascular tumour, from the substance of the latissimus dorsi muscle of a girl, aged 10 years. In St. George's, a girl, aged 17, under the care of Mr. Tatum, has had a large ulcerated tumour excised from the upper part of the thigh; which the microscope proved to be of fibro-plastic character. It closely resembled medullary cancer to the unaided eye, and had been taken for such before the operation. In King's College, Mr. Fergusson removed from the calf of a man a very singular tumour, which weighed three pounds. It had the appearance of colloid cancer, but consisted chiefly of fat and oil. Dr. Beale, who made a careful microscopic examination, did not believe it to be malignant. It has been exhibited at the Pathological Society. Four fatty tumours, and one of painful subcutaneous tubercle, have been successfully operated on. Several of the above, and three of those previously reported, are still under treatment.

Puncture of the Bladder.—Mr. Cock's case, mentioned last month, has been discharged well. The puncture was per anum, and performed for impassable stricture. Eighteen days after the operation, Mr. Cock succeeded in introducing a No. 1 flexible catheter, which was left in a few days, and then replaced by a size larger; successive changes were continued, until No. 7 could be easily passed. At the time of his discharge, the man could make water in a full stream. In the Middlesex Hospital, puncture of the bladder for impassable stricture has been performed by Mr. De Morgan. The patient, a man, aged 30, did well for the first week, at the end of which, rigors and the other symptoms of pyæmia set in, and death followed on the fourteenth day.

Operations for Urethral Stricture —The three cases on our list are all still under treatment. Mr. Fergusson's case of perineal section is progressing favourably. In Mr. Cock's, of the same operation, the patient has suffered from pyæmia, but is now recovering, and the wound is closing. In Mr. Coulson's case, the perineal wound is healed, but the one anterior to the scrotum remains open.

Paracentesis Thoracis.—Dr. Page's case, in St. George's, has been discharged, much relieved, and able to return to work. The operation has been practised during the month on six cases, in five of which the patients remain under care, and as we shall have shortly to allude to them more in detail, they may be left for the present. The sixth was in the London Hospital, under the care of Dr. Davies. The operation was performed by Mr. Adams, and afforded much temporary relief. The chest, however, refilled, and death took place two weeks afterwards. The disease was empyema.

Paracentesis Abdominis.—In five cases for *ascites*, and in two for *ovarian dropsy*. All of them recovered.

Tracheotomy.—A child, aged 16 months, was admitted into the London Hospital, after having attempted to swallow some

boiling oil. Intense dyspnœa rapidly supervened, and Mr. Debenham, the house-surgeon, at once opened the trachea. Great relief was at first afforded, but the difficulty of breathing soon afterwards returned, and death took place twenty-four hours after the operation. At the *post mortem*, the epiglottis was found charred and shrivelled, and there was great œdema of the parts about the glottis.

Ligature, etc. of Nævus.—Most of the cases reported are well. Operations by ligature have been performed in four cases, all yet under treatment. In one in the London Hospital, Mr. Adams operated by passing two large skeins of silk through the vascular structure. The child returned into the country, but Mr. Adams has since heard from the surgeon in attendance that the cure is perfect.

Operations for Varicocele.—Mr. Erichsen, in a case in University College, resorted to Vidal's method, and a complete cure without bad consequence has resulted. In a second yet under care in King's College, and which promises to be quite successful, Mr. Partridge employed a modification of that plan. He passed around the enlarged veins a strong silk ligature, and then gradually tightened the two ends over a small wooden bridge, in principle like that of a tourniquet. The veins appear to have been obliterated, and the wound is nearly healed.

Operations for Varicose Veins.—In a case in University College Hospital, Mr. Erichsen has operated on both legs by the needles and twisted suture. The veins are obliterated, and the ulcers which had previously existed have healed.

Fistula in Ano.—Four cases have been operated on, and, together with three of those previously reported, remain under treatment.

Operations for the Cure of Ununited Fracture.—The two cases in St. Bartholomew's remain under care.

Plastic Operations.—For *hare-lip*, six cases, all doing well. A case in St. Bartholomew's Hospital, under Mr. Paget's care, has been operated on for *ruptured perineum*, and, as far as can be yet known, will be quite successful. The rupture involved all excepting the sphincter ani, and had occurred, during labour, eighteen months before. A similar case, on which Mr. Baker Brown operated last month in St. Mary's, may be pronounced cured. A case of *vesico-vaginal fistula*, reported three months ago as having been operated on by Mr. Pollock, in St. George's, is so far improved that the patient can retain her urine and get about her family duties with comfort; the aperture is not, however, quite closed. The operation had consisted in paring the edges and bringing them together with hare lip pins. Two cases of similar nature are in St. Mary's, under the care of Mr. Baker Brown, and have been very much benefitted. In Charing-Cross Hospital, Mr. Avery has operated for *cleft palate*, and the cases promise well.

-Tenotomy.—In St. George's, Mr. Hawkins, in a case of contracted knee, after strumous inflammation of the joint, divided the hamstring tendons, and also that of the vastus externus. The extension of the limb has since been retarded by the occurrence of suppuration in the wound. The tendo-Achillis has been divided, in a case in St. George's, by Mr. Hewett, for the cure of talipes equinus; and in a case in Guy's Hospital, by Mr. Birkett, to secure the better coaptation and rest of a compound fracture of the leg.

Neurotomy.—In the case of Mr. Bowman's, mentioned last month, a second operation has been performed, the pain having returned as the nerve healed. Again great relief has been afforded.

Operations for Cataract.—In University College Hospital, Mr. Wharton Jones has operated on two cases, one congenital, and one traumatic, both by absorption, and both progressing well.—*Med. Times and Gaz.* Feb. 18, 1854.

—

Lectures on the Functional Disorders of the Stomach. II. *Deficient Secretion of Gastric Juice—slow and imperfect Digestion.*—By George Budd, M. D., Prof. of Medicine in King's College Hospital, London.

The subject of my last lecture [see p. 61-69] was the disorderly secretion of gastric acid, which may result from disease in some other organ unduly exciting, by means of reflex nervous influence, the secreting function of the stomach.

In a state of health the stomach contains no gastric juice while it is empty of food. The contact of food with the mucous membrane immediately causes the juice to flow from it in quantity sufficient for complete and easy digestion. The formation of gastric juice depends on the proper nutrition of

the mucous membrane—just as the power of a muscle depends on the proper nutrition of the muscular fibre—but the outpouring of the juice when food touches the mucous membrane, like the outpouring of saliva from the presence of food in the mouth, is excited by reflex nervous influence; that is, the impression of the food on the surface is transmitted by the nerves to some central part of the nervous system, and thence reflected to excite the action of the secreting apparatus.

This reflex nervous influence, which causes the outpouring of gastric acid on the contact of food with the mucous membrane of the stomach, may be excessive; or it may be excited by other impressions on the mucous membrane of the stomach than those arising from the presence of food; or, lastly, it may be excited by irritation in other organs—producing in these several ways the disorders we considered at our last meeting; and, on the contrary, when there is food in the stomach and gastric juice is required, the nervous influence exciting the secretion may be deficient in energy, and the juice may be poured out in too small quantity for complete and easy digestion.

Dr. Wilson Philip showed, by various experiments on rabbits and other animals, that if the eighth pair of nerves be divided in the neck, any food which the creatures may afterwards eat usually remains in the stomach undigested; and after death, the coats are not dissolved by the gastric juice, however long the animal may have lain dead.

The experiments did not warrant the conclusion that Dr. W. Philip drew from them—that the secretion of gastric juice is entirely dependent on an influence transmitted through these nerves; but they proved that the division of the nerves, and the injury and shock of the operation, arrested the secretion for a time.

It is well known that long-continued watchfulness, or excessive fatigue, or great mental excitement, will prevent or take away the feeling of hunger, and destroy for a time the power of digestion.

A man in the wild excitement of delirium tremens has a repugnance for food of every kind. When the delirium subsides, and the nervous system has been refreshed by a few hours' sleep, the appetite and the power of digestion return.

In the case of St. Martin, to which I have before referred,* Dr. Beaumont had ocular proof that the depressing passions of fear and anger lessen the secretion of the gastric juice. Feebleness of digestive power, arising from this cause, is often seen in men of excitable temperament who suffer anxiety, or who overstrain their minds in the pursuit of wealth or other objects of ambition.

A deficient secretion of gastric juice may result from many other conditions. If the stomach be kept in a state of congestion, or if its mucous membrane be inflamed, or if its secreting apparatus have been otherwise injured, the secretion of gastric juice is, as we have seen, arrested, or diminished. The same thing happens, as is well known, in inflammation of other organs attended with fever, and in states of active fever, however induced.

A scanty secretion of gastric juice results also, independently of these conditions, from indolent and sedentary habits, and from the habitual consumption of more food than the system with such habits requires.

The purpose of digestion is to supply the waste of the body; and it has been wisely ordered that the power of digestion shall increase with the waste. The day-labourer, who toils from sunrise to sunset in the fields, has generally some compensation for the hardships of his lot in the comfort of a strong and easy digestion. A man convalescent from fever, or any other lingering and wasting disease, requires, and can easily digest, much more food than when in a state of established health; a woman, suckling her child, much more than when she has no such drain. Where the increased need of food is of long continuance, the power of digestion is permanently increased, and the mucous membrane of the stomach acquires an unusual development, or becomes hypertrophied. This is seen, as Dr. Todd has shown, in cases of diabetes. In this disease, a large part of the food, when dissolved in the stomach, does not undergo those other and ulterior changes which fit it to form part of the living blood, but, instead of this, becomes converted into a low form of sugar, which passes off in the urine without contributing to nourish the body. There is, consequently, an unnatural

* St. Martin, in consequence of a gunshot wound, had a broad fistulous opening through the abdominal parietes into the stomach; and Dr. Beaumont, under whose care he fell, was thus enabled to ascertain the condition of the stomach or its contents at any time.

craving for food; food in large quantity is rapidly dissolved in the stomach; and, as is seen on dissection, the mucous membrane of the stomach acquires unusual development.

It often happens in the middle and upper classes of society that the secretion of gastric juice is only relatively deficient. The stomach can digest food enough to nourish the body, but not enough to satisfy the pampered appetite.

It has been clearly shown by the experiments of Spallanzani and Dr. Beaumont, that the quantity of juice required for digestion is proportioned to the quantity of food. When gastric juice has dissolved a certain quantity of food, it is saturated, and can dissolve no more. The digestive power may, indeed, be restored in a certain degree, by the addition of water, or by the addition of muriatic or lactic acid; but to carry digestion much further there must be a fresh quantity of the juice.

If, then, a man eats too frequently or too much, the gastric juice may be inadequate for the proper and easy digestion of the food, without any fault fairly attributable to the stomach. The organ is simply overtaxed. Indigestion, brought on in this way, is the natural penalty for the violation of a natural law, or, as a humorous writer has termed it, "the remorse of a guilty stomach."

In all these ways, gastric juice may be secreted in insufficient quantity for the purpose of digestion.

We may next consider the form of indigestion thus resulting.

A necessary effect of an insufficient secretion of gastric juice is, of course, slowness of digestion. The food, instead of being completely digested, and passing out of the stomach, in two or three hours, remains undigested, or only partially digested, for a much longer time—it may be, for twelve, or even twenty-four hours. The undigested portions of food remain in the stomach, and, during the slow process of digestion, there is a sense of weight or uneasiness at the pit of the stomach, which gradually lessens, and at length ceases, as the food gets dissolved and passes out of the stomach. If any portions of the food remain solid, there is often, at the end of some hours, when the stomach is getting empty, a distressing feeling of spasm, or cramp, at the pit of the stomach.

Some experiments made by Dr. Beaumont on St. Martin seem to show, that this feeling of cramp is owing to the undigested portions of food getting into the pyloric orifice of the stomach.

Wishing to ascertain the temperature of the stomach during digestion, Dr. Beaumont passed a small thermometer into the stomach of St. Martin. When the bulb of the thermometer got into the narrow or pyloric end of the stomach, there was a forcible contraction of the stomach upon it, attended by severe pain and distress at the pyloric extremity, like the cramp or the sensation frequently described as cramp by persons suffering from undigested food in the stomach. When the experiment was repeated several times in quick succession, it left a sense of soreness, which was sometimes felt the following day.

If portions of food remain undigested many hours, they irritate the lining membrane of the stomach, and cause headache, a slightly furred tongue, and feelings of general disorder.

The remedies for this habitual slow digestion, in persons otherwise healthy, are to be sought in proper regulation of the diet and habits of life, and in medicines which tend to increase the secretion of gastric juice.

The diet should consist of food easily soluble, the stomach should never be overloaded, and there should be a sufficient interval between meals. Care should especially be taken to avoid new bread and tough meat, and not to oppress the stomach by malt liquors, or to indulge in fermented drinks of any kind beyond the point which, from habit or otherwise, the state of the nervous system may require. Bodily fatigue and nervous exhaustion should be avoided, as these states lessen the secretion of gastric juice; but mind and body should be sufficiently exercised. We were intended to be active creatures, and a life of indolence is the infraction of a natural law, which always brings a penalty of some kind or other. A certain amount of bodily exercise and agreeable occupation of the mind, promote digestion, and improve in various ways the general health, and contribute greatly to the preservation of both the bodily and the mental powers.

Various medicines—ipecacuanha, rhubarb, cayenne pepper—taken in small doses, stimulate the lining membrane of the sto-

mach and cause a more abundant outpouring of gastric juice, and may often be taken with advantage just before the principal meals by persons whose digestion is habitually slow. For example, from half a grain to two grains of ipecacuanha and three or four grains of rhubarb, or a grain of capsicum with three or four grains of rhubarb, in a pill, may be taken before dinner or before breakfast and before dinner.

Salt and mustard have an action on the coats of the stomach of the same kind. A large quantity of salt taken at breakfast will sometimes relieve the headache and much of the other discomfort that follows a debauch. Mustard, as is well known, promotes, with most people, the digestion of beef and other rich meats; and its habitual use will occasionally be found greatly to mitigate the discomfort that results from an habitual slow digestion. White mustard-seed, swallowed whole, was, indeed, some years ago, one of the popular remedies for indigestion; and I have met with more than one instance of aggravated indigestion in which much benefit was attributed to its use. It was given in the dose of a tablespoonful two or three times a day. These stimulants for the stomach—ipecacuanha, salt, mustard—when taken in considerable doses, are all of them powerful emetics. As a remedy for habitual slow digestion, ipecacuanha seems to me to be more effectual than any of the others. The dose of it should, of course, be too small to cause a feeling of nausea.

The uneasiness at the stomach that arises from slow digestion may often be mitigated by drinking a small glass of water, or by eating a lump of sugar an hour or two after meals, or when the uneasiness begins to be felt.

Where digestion is habitually slow and feeble, much benefit of more lasting kind may frequently be derived from the muriatic or the nitro-muriatic acid, taken for some weeks together, half an hour or three parts of an hour before the principal meals.

I need hardly say that, when digestion is slow and feeble, care should be taken not to give at the time of meals, or while digestion is going on, alkalies, the alkaline salts, or other medicines that suspend or enfeeble the action of the gastric juice.

But mere slowness of digestion is not the only ill effect of a scanty or depraved secretion of gastric juice. It often happens when the stomach is weak and disordered, or when more food is eaten than the healthy stomach can readily master, and especially when at the same time it secretes an unhealthy mucus prone to ferment, that the undigested food in the stomach undergoes putrefactive changes, or some unnatural fermentative process, instead of proper digestion.

One of the most remarkable properties of the gastric juice is that of preventing the putrefaction of meat. Spallanzani first ascertained the fact, that gastric juice not only prevents the putrefaction of meat, but has the power to arrest the process of putrefaction already begun, and even to correct the fetor of meat already tainted. Later physiologists have ascertained that it likewise hinders the lactic, acetic, and alcoholic fermentations, which consequently do not occur in the stomach during healthy digestion.

But if the gastric juice be insufficient in quantity, or faulty in composition, this controlling power may be inadequate to its purpose, and the food in the stomach may undergo some fermentative changes that ought not to take place.

The precise nature and the products of these changes depend on the quality of the food, and on the state of the substance that acts as a ferment. If this substance be decomposing mucus, as Lehmann has suggested that it commonly is, the kind of fermentation will very much depend on the stage of decomposition which this has reached.

In some cases, the food undergoes common putrefactive changes, and sulphuretted hydrogen is evolved. Distension and uneasiness of the stomach come on, with frequent eructation of sulphuretted hydrogen—belchings as of rotten eggs. This is attended with severe frontal headache—often with a feeling of chilliness—and the other disorder familiarly known as the effects of surfeit. All this disorder is speedily removed when the stomach is emptied by a vomit.

This kind of indigestion is a common effect of over-eating, even in young and healthy persons, and hence is popularly known as "a surfeit." Delicate and growing boys often eat largely from a sense of exhaustion, and soon afterwards engage in active play; the food is undigested, and surfeit occurs. It is more prone to occur in

See page 85

persons with carious teeth, when offensive saliva passes into the stomach.

It frequently occurs, too, as we have seen, in cancer of the stomach, where offensive secretions are poured into the stomach; while the food, in consequence of an obstacle at the pyloric orifice of the stomach, or of some impediment to the free action of its muscular fibres, is unduly detained there.

When "a surfeit" occurs in a young and healthy person, the quickest and best way of removing the disorder is to give an emetic, and so free the stomach from the putrefying matter; and afterwards, if need be, to empty the bowels by some quickly-acting purge.

In malignant disease of the stomach, in which this kind of disorder is especially apt to occur, emetics, which irritate the lining membrane of the stomach and may cause violent efforts of vomiting, are unsafe, and an attempt should rather be made to prevent the disorder by proper regulation of the diet. As charcoal has antiseptic properties, toasted bread may be taken instead of plain bread, toast and water instead of plain water, or a small quantity of charcoal in substance may be given.

Should the disorder occur in spite of precautions such as these, the progress of the putrefactive changes may be stayed, and the further evolution of gas be prevented, by small doses of creasote. From half a minim to a minim of creasote is sufficient, and may be given in a pill at the time of meals, or as soon afterwards as the putrefactive changes begin.

It much more commonly happens, when digestion is feeble, that the contents of the stomach undergo some other kind of fermentative process.

If the food have consisted chiefly of vegetables, fruits, new bread, ill-fermented malt liquors, new wines, it has a tendency to pass into a fermentation by which carbonic acid is freely evolved. This causes great distension of the stomach, and a distressing sense of uneasiness, frequently relieved for the moment by the eructation of inodorous gas—chiefly carbonic acid gas.

If the stomach be emptied by a vomit, the rejected matter is seen to be in a state of active fermentation.

In the case of St. Martin, Dr. Beaumont had an opportunity of witnessing this process in the stomach itself. St. Martin had been in the woods all day, picking whortleberries, and had eaten no other food from seven in the morning to eight in the evening. Dr. Beaumont then looked into the stomach, and found it, to use his own expression, "full of berries and chemifying aliment, frothing and foaming, like fermenting beer or cider."

If food be eaten which is already in a state of fermentation, the fermentative process may continue in the stomach itself. When, for example, new wine is drunk—wine that is in a state of fermentation—the fermentation sometimes continues; is, perhaps, even increased by the heat of the stomach; and carbonic acid is evolved very rapidly. The stomach becomes greatly distended, and it is stated that the consequent disorder is sometimes so great as to destroy life. Cattle, when first placed in a field of fresh clover, or other rich pasture, frequently eat more than their stomachs can digest. The vegetable mass ferments in the stomach, as it would at the same temperature out of the body, and carbonic acid and hydrogen (and sometimes hydrogen and sulphuretted hydrogen), are evolved in great quantity. In consequence of the peculiar structure of the stomach in cattle, these gases cannot escape through the œsophagus, and the stomach becomes enormously distended; in some cases even to bursting.

In man the gas escapes readily through the œsophagus, so that, even when much of it is evolved, the immediate ill effects of this kind of indigestion are very rarely serious. In the course of a few hours the fermentative process is at an end, and the distension of the stomach subsides.

The cases in which medical advice is most frequently sought are, however, not those where distressing distension and flatulence result from mere over-feeding in healthy persons, but where this kind of indigestion in less degree is habitual, so that uneasiness of the stomach and flatulence are commonly felt an hour or two after the principal meals.

The ill effects of the disorder are, then, not confined to distension and uneasiness of the stomach. The fermentative processes in the stomach give rise to products which, when absorbed into the blood, have an injurious influence on the general health, and the frequent repetition of the indigestion prevents the proper nutrition of the body. The patient is usually depressed in spirits,

is less capable than in health of mental exertion, and has lost some of his customary energy and strength. It often happens that oxalic acid is one of the products of the unhealthy digestion, and that crystals of oxalate of lime may be found in the urine. In many such cases the indigestion itself results from a faulty state of the general health, or from overwork, or depressing influences of other kinds, and the disorder belongs to a class to which I shall call your attention in a future lecture.

When thus arising, the flatulent distension of the stomach may sometimes be prevented by the pills composed of ipecacuanha and rhubarb, or capsicum and rhubarb, of which I have before spoken; but a remedy which succeeds more frequently is the nitro-muriatic acid—ten minims of each of the dilute acids twice a day—taken half an hour, or three quarters of an hour, before the principal meals.

Much good will result, also, from horse-exercise, change of air, and other influences which tend to improve the general health.

The diet should be light and nourishing, and the patient should eat sparingly of succulent vegetables, fruits, and saccharine substances in general, and should carefully abstain from ill fermented malt liquors.

A more common kind of fermentation in the stomach is the lactic, by which the starchy principles of the food are converted into lactic acid. This kind of fermentation, if fermentation it can rightly be called, is most common in nervous persons with feeble digestion, in whom it not unfrequently happens that acid collects in great quantity in the stomach after meals. They often familiarly tell us, that almost everything they eat turns to an acid. If vomiting occur an hour or two after meals, the matter thrown up is very acid, and, on analysis, the acidity has been often found to be mainly due to lactic acid.

It was supposed by Dr. Prout that much of the lactic acid which collects in the stomach in such cases is derived from the blood, and that it is secreted by the coats of the stomach. Whether this be so or not, there can be little doubt that it is often formed in great quantity in the stomach from the starchy principles of the food. It is possible that the secretion of lactic acid by the coats of the stomach may promote the conversion of the saccharine principles of the food into this substance.

This lactic fermentation is not, like the kinds of fermentation of which I have before spoken, attended with evolution of gas. It causes, therefore, not flatulence, but heartburn and pain in the stomach, which is often very severe, and which is sometimes attended with a feeling of constriction, or cramp.

The uneasiness that results from undue acidity thus arising, may be relieved for the time by alkalies, and may often be prevented by giving, before meals, medicines which have an astringent or bracing effect on the coats of the stomach—bismuth and magnesia, or better still, the mineral acids, especially the sulphuric acid.

Lactic acid, out of the body, is apt to undergo another kind of fermentation, which causes the slow evolution of hydrogen and carbonic acid, and which leads to the formation of butyric acid.

There can be little doubt that the same changes occasionally take place within the intestinal canal. Hydrogen is one of the gases that have been found in the intestines, and now and then the matter vomited by persons of weak digestion has the sour rancid smell of butyric acid.

I have spoken of several kinds of fermentation as if they existed separately; but it very commonly happens, although one kind may predominate, and give a character to the disorder, that these several kinds, and others of which little is known, may go on simultaneously, or rather, perhaps, in quick succession in the stomach, and that various gases, carbonic acid, hydrogen, and sulphuretted hydrogen, and various acids, lactic, butyric, etc. are formed. The consequent disorder is not confined to the stomach. The acid and unnatural products of digestion may pass into the bowels, fret their lining membrane, and excite griping pain and purging; some noxious matters may be absorbed, and cause headache and other disorder; and, if the indigestion recur frequently, the general health must suffer.

Severe attacks of vomiting and purging, commonly designated English cholera, seem often the result of fermentation or putrefaction of food in the stomach, by which some highly irritating matter is formed. If I may judge from my own experience, such attacks generally come on in the evening, soon after dinner, or at night, soon after supper, and are much more frequently consequent on a meal of meat or cheese, than

on the eating of fruits, to which, perhaps from the greater frequency of the disorder in autumn, they are generally ascribed.

I have found no remedy so effectual in checking the disorder as pills composed of creasote and opium.

Our knowledge of the various kinds of fermentation is still very imperfect. As it becomes more extensive and exact, our knowledge of various forms of indigestion will, doubtless, become more precise, and our power of relieving them greater than it now is.—*Med. Times and Gazette*, Jan. 28, 1854.

CHOLERA.

Cholera in Great Britain.—We regret to state that the fears we expressed (see No. for January last, p. 5), that this disease would reappear in Great Britain on the approach of spring, have been realized. The epidemic has already shown itself in England, Ireland, and Scotland. We shall give the particulars as far as they have reached us.

—

Cholera in England.—Leeds has the misfortune to stand first in the present year as the scene of the cholera's ravages. It broke out among the work people engaged in the flax-spinning mill of John Wilkinson & Co., one of the most respectable firms in this district, and a mill which for salubrity, cleanliness, ventilation, and care of the operatives, has always ranked among the very best. Dr. Gavin, one of the inspectors of the Board, was dispatched to inspect the neighbourhoods where the cholera had made its appearance within the last few weeks. Dr. Gavin, on his arrival at Leeds, first inspected the flax mills of the Messrs. Wilkins, where the disease first made its appearance, and on the same day reported to the sanitary committee of the town that he considered the outbreak arose from the stagnant condition of the river Aire, which had become interrupted in its current, and from a large depôt of manure on the opposite side of the river, belonging to the corporation. The committee, at the suggestion of Dr. Gavin, ordered the immediate removal of the manure and other rubbish collected in the neighbourhood of the mills. The following day Dr. Gavin inspected the township of Leeds, Holbeck, Hunslet, Beeton, and Rothwell, all of which he found in a very filthy state, and through the committee ordered immediate sanitary steps to be taken towards their cleansing. The number of cases of cholera ascertained up to the present time amount to forty, of which sixteen have proved fatal.

At Castleford, cholera has made its outbreak "in its most frightful form, and it is not confined to any class or situation." Castleford was so severely attacked in 1849, that it was afterwards placed under the *Public Health Act*, as the inspector reported it as one of the most unhealthy places in England, yet capable of being made one of the most healthy. Notwithstanding all this, no means were taken to carry out the recommendations for the improvement of the public hygiene, and even now, although the cases are of the most virulent and alarming nature, and some of the sufferers are in abject poverty, we are informed that no attempt has been made to relieve them or administer to any of their requirements.

—

Cholera in Ireland.—Cholera of a very malignant type has broken out at a place called Calinconlish, in the county of Limerick.

The disease also broke out on the 21st of February, at Kanturk. It first appeared in the Union Workhouse, from, as the guardians think, the inmates getting water in lieu of milk, sweetened with sugar, and Indian-meal gruel, for breakfast. In the filthy localities outside of the workhouse it has assumed a most virulent type, and committed great ravages. Since the 21st ult. there have been thirty cases in the workhouse, and twelve in the town. Of the former fourteen, and of the latter eight, proved fatal. Last week a poor woman was brought to the workhouse in the last stage of the disease, and died within an hour. She was found dying on the road, but such is the dread of the disease that no one would admit her into their house. The characteristic type of the disease is, that the patient does not suffer from spasms or cramps, but is carried off in a few hours, and in some cases in less than an hour. When the abject wretchedness and squalid misery of the people are considered, it cannot be a matter of surprise that they are afflicted with so direful a disease. In the most wretched hovels, called cabins, young

and old of both sexes to the number of fifty sleep huddled together, while their daily and in many instances only diet, consists of raw turnips, as they cannot even procure fuel.

The Cork *Examiner* states that "the disease, so far as the town is concerned, rages chiefly in the district called Bluepool, a number of mud cabins, extending to a considerable distance on the road to Cork. At the period of the late flood, these low-lying habitations were completely inundated, and their wretched occupants, being unable to purchase the luxury of fire, have been since labouring under the misery which damp and mouldy walls generate—a fitting precursor for cholera. But there is another matter connected with these habitations to which we deem it our duty to call the attention of the Committee. As we passed through them we observed, opposite almost every house, the old evil of the Irish cabin, the dungheap—some in a solid, some in a half liquid state; but all reeking up an offensive effluvium, if not calculated absolutely to generate cholera, certain at least to increase its ravages."

The following report by Dr. Barry will show the progress of the disease in the Kantuck poorhouse from its first appearance up to the present date: "No case of cholera has appeared in the house since the 20th inst. The total number affected, from the commencement of the outbreak up to this date, was 45; the deaths were 21; six were discharged cured; and 18 remain as convalescent. Of external cases received into the hospital there were 27; of whom 13 died; 6 were discharged cured, and 8 were convalescent; thus making the total number of cases treated in the workhouse hospital 72; the deaths, 34: and remaining under treatment, 26. I have strong hopes that these will recover, with the exception of one patient, who had suffered from severe premonitory symptoms during the consecutive fever. Since the 21st inst. 2 cases have occurred in the town, and Dr. O'Neil, whose appointment to the Cholera Hospital I mentioned some time since, is, I am happy to say, completely convalescent, after a very severe attack of the epidemic. The entire number attacked up to the present, including the town cases and those of the workhouse, was 129, of whom 51 died, 12 were cured, and 66 remain under treatment." The reports from the north are altogether favourable. Belfast is quite free from cholera. Some cases had occurred at Larne, but there, too, all traces of the disease have disappeared, and a similar account comes from Carrickfergus, where but a few days since it was feared that the pestilence had taken firm root. In Cork, unhappily, cholera still shows itself in isolated cases. One of its first victims of any note has been Captain William Henry Hopkinson, of the 62d Regiment, who died at Fermoy barracks, after an illness of but six hours' duration, accompanied by intense agony.

Some cases have been reported in the country districts, as also three cases in the workhouse at Mallow.

—

Cholera in Scotland.—Cholera is again prevalent at Glasgow. On Saturday week there were 10 deaths from it in the city parish, and 5 in the barony parish; on Sunday, 16 in the former, and 11 in the latter; on Monday, 10 in the former, and 6 in the latter; and on Tuesday, 14 in the city parish. The following statement shows the progress of the disease in Glasgow during the past week: City parish cases, 280; deaths, 94; barony parish cases, 118; deaths, 49. Gorbals and Govan (Thursday), 3 cases. At the latest accounts the disease was committing great ravages; 1,200 had occurred. The disease appeared with great virulence at Chapelhall and Calderbank, near Airdrie, on Saturday. The fury of the disease was chiefly concentrated in the latter place; from Saturday morning till the forenoon of Monday there were not less than 30 cases and 9 deaths. The disease still continues in Airdrie and vicinity with considerable severity. At Falkirk, likewise, the epidemic has broken out with severity. The first case took place on Thursday week; and from that time until Wednesday evening 9 cases had occurred, of which 6 had proved fatal. "In the most of these," says the *Falkirk Herald*, "the dwellings occupied by the victims were exceedingly filthy."

—

Is Cholera Contagious?—The special direct evidence alleged in favour of the contagious nature of cholera, consists of three classes of facts. The first is, that in a vast majority of the instances in which the introduction of the disease into a town, or smaller community, has been traced to human intercourse, the seeming vehicle of

the infection has been a person or persons actually infected with the disease. The second is, that persons who have washed or handled the clothes, linen, or bedding of cholera patients, have frequently themselves become affected. The third class of facts is constituted by the attacks of the disease experienced by nurses and other attendants of the sick. The evidence of the first kind is clearly not conclusive. With regard to the second, our information, when analyzed, is found to afford very scanty evidence of a satisfactory kind, in favour of the theory of contagion. With regard to the third, it is conceded, that there are instances recorded of the seeming communication of the disease, more readily explicable by the theory of contagion, than on any other principle. But we have no evidence that is conclusive. The question, whether contagion is an occasional cause of the propagation of the disease, is therefore left in doubt. It may be, that more extended observations will prove that all the above classes of facts are usually due to a contagious property of the disease; but even then the evidence will only show that the human body forms one nidus for the reproduction of the poison; that contagion bears a small part in the propagation of the epidemic; that comparatively few persons are susceptible of its influence, and that by proper sanitary precautions it may be almost entirely disarmed of its power.—Dr. BALY'S *Report on Cholera.*

—

Pathology of Cholera.—Some authors have referred the morbid changes to a *catarrhal condition*, others have regarded the disease as a form of *serous hemorrhage*, and the Berlin pathologists, whose attention was particularly arrested by the occurrence of amorphous granular fibrin in and upon the affected surface of the mucous membrane, designate it a *destructive diphtheritic inflammation*. We believe that for the present such generalizations, however plausible, are of little value, and that we arrest inquiry by their adoption. The depression of the capillary power—the extreme exhaustion of the great ganglionic nerves centres in the abdomen—the passive character of the lesions of the mucous membrane—its normal action being reversed to a fatal exosmosis—are peculiar to cholera, and give it an individuality which forbids our merging it for the present in any general category.—Dr. Gull's *Report on Cholera.*

Cost of Cholera in Newcastle-upon-Tyne.—Mr. J. B. HUME, the Chief Commissioner, from evidence that had been laid before him, has made a calculation that the epidemic has cost the town 3,800*l.* for medicines and burials alone, and would cost it nearly 50*l.* a week for eight years to support the widows and destitute—nearly 30,000*l.* In addition to this sum, he said, some thousands of pounds had been collected and distributed by the vicar. There are also 200 benefit societies in the town, and taking the average loss at 500*l.* each, made 10.000*l.* more.

—

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—This association will hold its meeting for the present year at St. Louis, commencing on Tuesday, May 2. We trust that the number of delegates will be large, and feel confident that, as usual, the meeting will be agreeable and harmonious. In our next No. we hope to present a summary of the proceedings.

—

Medical Society of the State of Pennsylvania.—The annual meeting for 1854, will be held in the borough of Pottsville, Schuylkill Co., commencing on Wednesday, May 31, at 11 o'clock A. M.

—

Lehigh County Pennsylvania Medical Society.—A County Medical Society has recently been organized in Lehigh County, Pennsylvania.

The following are the officers and members:—

President—Charles H. Martin, M. D.
Vice-President—Thos. B. Cooper, M.D.
Rec. Sec.—David O. Mosser, M. D.
Cor. Sec.—P. S. Leisenring, M. D.
Treasurer—Tilghman H. Martin, M. D.
Members.—Drs Chas. H. Martin, P. S Leisenring, David O. Mosser, Tilghman H. Martin, F. B. Martin, H. O. Wilson, Saml. Wilson, Thos. B. Cooper, Walter W. Walter, Wm. Koehler, John H. Dickenshied, Henry P. Haberacher, Chas. E. Hoffman.

—

Medical Graduates in 1854:—

University of Pennsylvania . . .	171
Kentucky School of Medicine . .	29
Rush Medical College	36

Medical Students—Session 1853-54:—

University of Pennsylvania . . .	463
Starling Medical College	95
Cleveland Medical College	142

—

Obituary Record.—Died, in Boston, on the 18th March, 1854, in the 70th year of his age, George C. Shattuck, M. D. Dr. S. was an eminent practitioner, a most liberal patron of science, and a useful citizen. One of his latest donations was for the purpose of establishing a professorship in Harvard University.

Died, in Pittsburg, on the 12th of March, after a lingering illness, Wm. McKennan Morgan, in the 32d year of his age. Dr. M. was formerly Resident Physician to the Pennsylvania Hospital, where his attainments, his exalted aim in his profession, and fidelity in the performance of every duty, joined to his kind manners and social virtues, gained for him many warm friends. In Pittsburg, where he established himself for the practice of medicine, he had already acquired professional distinction, and his friends will long lament his loss.

FOREIGN INTELLIGENCE.

Treatment of Varicocele by the direct Cauterization of the dilated Veins.—M. Gaillard, of Poitiers, has just published, in the *Gazette Médicale de Paris*, a case in which he cured his patient by a very ingenious and safe operation. The subject was a young man eighteen years of age, who was very anxious to get rid of the deformity, as it prevented him from entering the army. M. Gaillard, not being satisfied with the operations of Breschet, Velpeau, or Vidal, thought that he should endeavour to fulfil the following indications:—

1. To obtain the obliteration of the dilated veins without any danger of phlebitis. 2. To include all the veins of the cord, to prevent a relapse. 3. To avoid with certainty the vas deferens and the spermatic artery. 4. To obtain a symmetrical cicatrix, owing to the peculiar situation of the patient.

To obliterate the veins, M. Gaillard resolved to use Canquoin paste;* and to fulfil the other indications, he proceeded as follows:—

An incision, about three inches long, was made from the ring to the scrotum, and the cord laid bare; the latter was then raised upon a spatula, by tearing the cellular connections existing posteriorly with the sheath. M. Gaillard now dissected the different parts of the cord from each other. (One of the veins was much hypertrophied, and adhered to the vas deferens; much care was required to isolate that vein.) The vessels were thus separated from the vas deferens and the spermatic artery to the extent of one inch. The two latter portions of the cord were then pushed backwards, and kept out of harm's way by small pledgets of lint. Little strips of linen were now passed under the veins, and between the latter and the former a thin plate of lead was glided, on which was spread a thin layer of the cauterizing paste, the latter not, however, reaching the margins of the plate. This plate was then folded over the venous mass, which was thus surrounded and compressed by the sheet of lead, the ends of which were brought over one another, or, as it were, imbricated. The strips of linen, first passed under the veins, were then brought over the plate to maintain the latter *in situ*, and the whole secured by a thread.

M. Gaillard states that his patient was thus radically cured without a bad symptom; the cicatrix was linear, and hardly perceptible; and when the young man applied again to the military authorities, he was admitted into the service.—*Lancet*, March 25, 1854.

* Chloride of zinc, two parts; chloride of antimony, one part; flour and water, in sufficient quantities.

—

Death from Chloroform.—An inquest was held last Saturday at Sheffield, respecting the death of a Mrs. Harrop, which occurred while under the influence of chloroform, administered to her during the removal of the left breast. The jury gave a verdict, that death resulted from spinal apoplexy and disease of the heart.—*Med. Times and Gaz.*, March 4, 1854.

—

The Topography and Climate of the Danubian Principalities.—Moldo-Wallachia, the seat of war between the Turks and the Russians, is situated in a sinus formed by the Carpathians and the Balkan, great mountain ranges which meet at the western zone, and leave this country widely open to the east and the southeast. The climate is

peculiar. Although between the parallels 43° and 46° north latitude, heat and cold never attain their maximum but by an intermediate gradation; these provinces, so situated, know neither spring nor autumn, winter and summer succeeding one another in rapid and inappreciable transitions.

Towards the end of November, a sharp, dry, cutting wind, the "krivaz," blows from the northeast; under it the leaves die and fall in a few days; then there suddenly succeed hoar-frost, falls of snow, and ice; in short, the winter has commenced. The cold continues throughout the season 20° to 25° R., and about 40° below freezing of Fahr.

The spring commences in March with the southeast wind. Its appearance is so sudden, that in less than fifteen days, the trees charged with hoar-frost become covered with flower. During the summer, which comprises the months of May, June, July, August, and September, the heat is excessive, almost intolerable. From midday till three or four all work is suspended, and the inhabitants sleep or drink doultchaz, a mixture of cherry and water. After sunset the temperature falls 15° to 20°. The atmosphere is more refreshing, but it is charged with miasmata and humidity. The autumn, a season as short as the spring, comes in with thick fogs and torrents of rain; a perfect cloud of water falls upon the earth; nevertheless, about midday the sky becomes clear and the sun shines.

The plain of Moldo-Wallachia is most productive; a thick layer of humus lies upon a sandy, calcareous, or clay substratum. Here and there are marshy districts in which feed troops of buffaloes.

The mountains are formed of gypsum, red sandstone, grit, and marble. In some, the Sakoléni, the Gorge, the Moutchélon, there are inexhaustible mineral riches. Pit coal, slate, black agate, iron, lead, copper, manganese, tin, mercury, silver, gold, are found at every step; and, wonderful to say, the natives live among such riches without exerting themselves to derive profit from them.

Multitudes of fine rivers flow from the mountains to the Danube, which, when the snows melt, overflows its banks and deposits a thick and prolific sediment. Every kind of grain and fruit is produced in abundance; potatoes, wheat, etc. etc.; ananas; the vine grows in the open air, and produces a strong wine. The ox, the goat, the pig, Abyssinian sheep, the buffalo, and every kind of game and wild bird are in abundance, and thrive greatly.

The Moldo-Wallachian peasant is a pattern of sobriety. The Boyards, however, enjoy better fare, and live more freely. The towns are ill-built. Even in Bucharest, Giurgevo, Orsova, and Galatz, the streets are narrow, sinuous, humid, and dark, and the passenger walks in a sea of mud. Jassy is the only town which possesses a pavement and lamps.

The population amounts to not more than 3,200 000 inhabitants, exclusive of 150,000 Zigans (Bohemians). There are certain districts which are very unhealthy, such as about Galatz, Marchini, Hirsova, and Ismail. In spring, after the subsidence of the waters, with the first rains, there appear dangerous intermittent fevers and dysentery; and among the inhabitants of the plains, anasarca, swollen abdomen, enlarged spleen, and precocious senility, are common occurrences. But in consequence of the general abstemious mode of living, gout, gravel, and pneumonia are almost unknown. The plague has made many irruptions from Constantinople, and there is a regular quarantine of 4 to 20 days, according to season, established along the Danube. The intermittent fevers yield to quinia, but the natives have a faith in charms and amulets, etc.—*Gazette des Hôpitaux*, Feb. 21, 1854.

—

The Masserandura, or Milk-tree.—In the virgin forests on the banks of the Amazon we remarked some trunks much notched by persons who had been extracting the milk. The tree is one of the noblest in the forest, rising with a straight stem to an enormous height. The timber is very hard, fine-grained, and durable, and is valuable for works which are much exposed to the weather. The fruit is eatable and very good, the size of an apple, and full of a very rich and fruity pulp. But, strangest of all is the vegetable milk, which exudes in abundance when the bark is cut. It has about the consistence of thick cream, and but for a slight peculiar taste could scarcely be distinguished from the genuine product of the cow. Mr. Leavers, a friend with whom we were staying, a mill-owner, ordered a man to tap some logs that had lain nearly a month in the yard. He cut

several notches in the bark with an axe, and in a minute the rich sap was running out in quantities. It was collected in a basin, diluted with water, strained, and brought up at tea-time and at breakfast next morning. The peculiar flavour of the milk seemed rather to improve the quality of the tea, and gave it as good a colour as rich cream; in coffee it is equally good. A custard was made of it, and, excepting its dark colour, tasted and looked well. The milk is also used for glue, and said by carpenters to be very durable. Of its capability in this line, Mr. Leavers showed us the belly-board of a violin formed of two pieces, which he had glued together two years previously, and which, although in daily use, was perfectly good and sound. As the milk hardens by exposure to air, it becomes a very tough, slightly elastic substance, much resembling gutta percha, but, not having the property of softening by warmth, is not likely to become so useful as that article of modern discovery.—*Travels on the Amazon and Rio Negro in* 1848, by Alfred R. Wallace.

—

Excess of Females in Great Britain.—The number of the male population of Great Britain, excluding those absent in foreign countries, is 10,223,558, and the female population 10,735,919; consequently the females are in excess of the males by 512.361, or as many as would have filled the Crystal Palace five times over; how many of these were spinsters cannot be known until the second portion of the Census is published. The proportion between the sexes in 1851 was 100 males to 105 females, or about the same as in 1801. The births during the last 13 years give a reversed proportion, viz., 105 boys to 100 girls. How much the change in the proportions, and the subsequent disparity of the numbers in the two sexes, is due to emigration, or to a difference in the degree of the dangers and diseases to which they are respectively exposed, will be discussed when the numbers of males and females living at different periods of life are compared. The disparity in the proportions of the sexes is greatest in Scotland, there being no less than 110 females to 100 males in that country.—*Cheshire's Results of the Census.*

—

Homœopathy.—"If we may judge by our library table (says the *Athenæum*), homœopathy is not in 1854 what it was in 1851. However frequently new delusions arise to occupy the human mind, there is a sure and inevitable law by which the old ones die. Homœopathy is evidently hastening towards that limbo of forgetfulness into which table-turning and spirit-rapping have within the last few months been so hastily precipitated, and where faith in witchcraft, hobgoblins, astrology, alchemy, and the great sea-serpent has gone before."

—

Obituary Record.—Died, in Paris, on the 23d of March last, of apoplexy, in the 74th year of his age, Professor Roux, the Nestor of French surgeons, and one of the most illustrious surgeons of the day. He has been removed from the field of his labours whilst actively engaged in his numerous duties, in the fulness of an active professional life, in the midst of important literary undertakings, and while punctually attending to his wards at the Hôtel Dieu, as he had done for the last quarter of a century.

His funeral took place on the 26th of March, the greatest respect being paid to his memory by all the distinguished men of the French capital, and a considerable number of medical students, among whom M. Roux was a great favourite.

Died, lately, at St. Petersburg, Sir James Wylie, for a long time Chief Physician at the Russian Court. Sir James was born in Scotland, in 1768, and entered the Russian service in 1790; was appointed Physician to the Imperial Court in 1798; Surgeon in Ordinary to the Emperor Paul, and Physician to the Heir Apparent in 1799; Director of the Medical Department of the Minister of War in 1812; Physician in Ordinary to the Emperor Alexander in 1814; and, lastly, Inspector-General of the Board of Health in the Russian Army. He was also President of the Russian Medical Committee of the Minister of War; Director of the Russian Medical Department of the Imperial Court; and a Privy Councillor of the Czar. Sir James Wylie was knighted at Ascot-heath Races, in 1814, by George IV., then Prince Regent, and was subsequently created a baronet at the request of the Emperor Alexander, on his departure from England. The wealth of the deceased is stated to have been very considerable, and that he has bequeathed the whole of it to the Emperor Nicholas.